STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form CONFLICT CASES

Name of Claimant		Vendor ID #				
Name of Claimant		vendor id #				
number and document dat any pre-approved costs. O non-conflict and appellate case number and attached Claimant must submit a miclosed cases on this form,	ttach an itemized invoice to tes, time spent, rate of pay, DPD client numbers are assicases. All travel expenses red to this claim form. Monthly onthly claim by the 10th of the whether or not you are billing. To 1. Please mail the origin	and a deso gned by the eported on y office exp he month for this p	cription of the ac e Regional Office this claim are to bense stipends a following the mol period. Submit the	tivity. Attach a co e. Separate sum be detailed on a re to be be listed of the in which cos his claim to Lar	opy of the pre-appr mary forms must to a travel expense vo I as the last line ite ts were incurred. P	roval notice for the prepared for bucher form by m on the form. Please note all
Month/Year Billing for Region						-
Client Name	OPD-Assigned Case ID #	Closed Case?	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs
Cheffit Name	OFD-Assigned Case ID #	Caser	Hours Worked	Total Fees	(including travel)	rees & Costs
TOTALS						
The undersigned Co	ounsel certifies that the case	es listed, ex	penses claimed	and the times rep	ported are true and	accurate.
Attorney's Signature/Date of Submission				Contract Manager's Approval/Date Approved		

Signatures above certify that all costs in excess of \$200 have been pre-approved.